

Establishment Name

Address

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Permanent O Mobile Type of Establishment

O Temporary O Seasonal Time in 11:10; AM AM / PM Time out 01:00; PM

SCORE

02/28/2024 Establishment # 605252397 Embargoed 10 Inspection Date

O Follow-up Purpose of Inspection **E**Routine O Complaint O Preliminary O Consultation/Other

Number of Seats 14 Risk Category О3 Follow-up Required 狱 Yes O No

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTION

| IN-in compliance OUT-not in compliance NA-not applicable NO-not observed | | | | | | id | | С |
|--|-------------------|-----|----|-----|---|----|---|----|
| | Compliance Status | | | | | | | WT |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | 鼷 | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | ЭX | 0 | | | Management and food employee awareness; reporting | 0 | 0 | |
| 3 | × | 0 | | | Proper use of restriction and exclusion | | 0 | 5 |
| ╗ | IN | OUT | NA | NO | Good Hygienic Practices | | | |
| 4 | * | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | 5 |
| 5 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | |
| 6 | 0 | 0 | | 300 | Hands clean and properly washed | 0 | 0 | |
| 7 | 왮 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 |
| 8 | × | 0 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 |
| | IN | OUT | NA | NO | Approved Source | | | |
| 9 | 黨 | 0 | | | Food obtained from approved source | 0 | 0 | |
| 10 | 0 | 0 | 0 | × | Food received at proper temperature | 0 | 0 | |
| 11 | × | 0 | | | Food in good condition, safe, and unadulterated | 0 | 0 | 5 |
| 12 | 0 | 0 | × | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | |
| | IN | OUT | NA | NO | Protection from Contamination | | | |
| 13 | 0 | 0 | 窳 | | Food separated and protected | 0 | 0 | 4 |
| 14 | 0 | X | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 |
| 15 | × | 0 | | | Proper disposition of unsafe food, returned food not re- | 0 | 0 | 2 |

Southern Squeeze

Chattanooga

1301 Dorchester Road, Suite 101

| | Compliance Status | | | | | | К | ** 1 |
|----|-------------------|-----|------|----|---|---|---|------|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | | 0 | × | 0 | Proper cooking time and temperatures | 0 | 0 | |
| 17 | 0 | 0 | 0 | 3% | Proper reheating procedures for hot holding | 0 | 0 | ٠ |
| | IN | оит | NA | NO | NO Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | 0 | × | 0 | 0 | Proper cooling time and temperature | 0 | 0 | |
| 19 | × | 0 | 0 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 24 | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | * | 0 | 0 | 0 | Proper date marking and disposition | 0 | 0 | |
| 22 | 0 | 0 | × | 0 | Time as a public health control: procedures and records | 0 | 0 | |
| | IN | OUT | NA | NO | Consumer Advisory | | | |
| 23 | 0 | 0 | × | | Consumer advisory provided for raw and undercooked food | 0 | 0 | 4 |
| | IN | OUT | NA | NO | Highly Susceptible Populations | | | |
| 24 | 0 | 0 | × | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Chemicals | | | |
| 25 | | 0 | - XX | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 黨 | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | , |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | × | 0 | 0 | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

s, chemicals, and physical objects into foods.

L PRACTICES

| | | | GOO | | |
|----|-----|--|-----|---|-----|
| | | OUT=not in compliance COS=con | | | |
| | | Compliance Status | cos | R | W |
| | OUT | Caro rocc and comes | - | | _ |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | 1 |
| 29 | 0 | | 0 | 0 | |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | Ŀ |
| | OUT | Food Temperature Control | | _ | |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | : |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | r |
| 33 | 0 | Approved thawing methods used | 0 | 0 | 1 |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | Ī |
| | OUT | Food Identification | | | |
| 35 | × | Food properly labeled; original container; required records available | 0 | 0 | • |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 涎 | Insects, rodents, and animals not present | 0 | 0 | : |
| 37 | 338 | Contamination prevented during food preparation, storage & display | 0 | 0 | 1 |
| 38 | 0 | Personal cleanliness | 0 | 0 | Г |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | _ |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | ļ , |
| | OUT | Proper Use of Utensiis | | | |
| 41 | 120 | In-use utensils; properly stored | 0 | 0 | г |
| 42 | 100 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | 1 |
| 43 | 0 | | 0 | 0 | r |
| 44 | _ | Gloves used properly | 0 | 0 | _ |

| | | Compliance Status | cos | R | WT |
|----|-----|--|-----|----|----|
| | OUT | Utensiis and Equipment | | | |
| 45 | 0 | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | 0 | 0 | 1 |
| 46 | 0 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | 1 |
| 47 | 凝 | Nonfood-contact surfaces clean | 0 | 0 | 1 |
| | OUT | Physical Facilities | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | 2 |
| 49 | 黨 | Plumbing installed; proper backflow devices | 0 | 0 | 2 |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | 2 |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | 1 |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | 1 |
| 53 | 0 | Physical facilities installed, maintained, and clean | 0 | 0 | 1 |
| 54 | 羅 | Adequate ventilation and lighting; designated areas used | 0 | 0 | 1 |
| | OUT | Administrative Items | Т | | |
| 55 | 0 | Current permit posted | 0 | 0 | 0 |
| 56 | 0 | Most recent inspection posted | 0 | 0 | ۰ |
| | | Compliance Status | YES | NO | W |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | 100 | 0 | |
| 58 | | Tobacco products offered for sale | 0 | 0 | 0 |
| 59 | | If tobacco products are sold, NSPA survey completed | _ 0 | 0 | |

ten (10) days of the date of the

02/28/2024

Signature of Person In Charge

Date Signature of Environmental Health Specialist

Date

**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629) 4232098110 Please call (to sign-up for a class.

02/28/2024

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Southern Squeeze
Establishment Number #: [605252397

| NSPA Survey – To be completed if #57 is "No" | |
|---|---|
| Age-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are twenty-one (21) years of age or older. | |
| Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification. | |
| 'No Smoking' signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance. | |
| Garage type doors in non-enclosed areas are not completely open. | |
| Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open. | |
| Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited. | |
| Smoking observed where smoking is prohibited by the Act. | _ |

| Warewashing Info | | | | | | |
|------------------|----------------|-----|---------------------------|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenhelt) | | | |
| Dish machine | CL | 25 | | | | |
| Sani bucket | QA | 0 | | | | |
| | | | | | | |

| Equipment Temperature | | | | | |
|---------------------------------|----|--|--|--|--|
| Description Temperature (Fahre | | | | | |
| Open air unit - front | 41 | | | | |
| 2 door bar unit | 41 | | | | |
| Low boy | 41 | | | | |
| | | | | | |

| Food Temperature | | |
|------------------------------|---------------|---------------------------|
| Description | State of Food | Temperature (Fahrenheit) |
| Oats | Hot Holding | 180 |
| Chili | Hot Holding | 170 |
| Sloppy joe | Hot Holding | 186 |
| Leafy greens - pep top | Cold Holding | 41 |
| *Chickpeas | Cold Holding | 51 |
| Cut tomatoes | Cold Holding | 41 |
| Salsa- reach in | Cold Holding | 47 |
| Cut tomatoes - reach in | Cold Holding | 47 |
| Cut leafy greens cold drawer | Cold Holding | 41 |
| Tempe - cold unit 2 | Cold Holding | 41 |
| Chili - walk in | Cold Holding | 41 |
| Cooked Lentils- walk in | Cold Holding | 46 |
| Cut leafy greens | Cold Holding | 41 |
| | | |
| | | |

| Observed Violations |
|---|
| Total # 12 |
| Repeated # () |
| 14: QA sani bucket reading 0ppm upon inspection. Chlorine dish machine |
| reading 25ppm. Manufacturer requires minimum of 50ppm. |
| 14: Employee described process of cleaning juicer equipment without the |
| sanitizing step. This is not an approved method of cleaning. Implement sanitizing |
| procedures for juicing equipment. |
| 18: Salsa in low boy unit at 47°F. Salsa prepared 2/26 indicating improper |
| cooling. PIC voluntarily discarded salsa (5lbs) |
| 18: Observed cooked chickpeas made 2/26 on cold prep line at 51°F. Observed |
| cooked lentils made 2/24 in walk in at 46°F. Additional products in these units |
| were held at proper cold holding temperatures, indicating improper cooling |
| methods. PIC voluntarily discarded lentils and chickpeas (5lbs total). |

35: Items packaged for individual sale do not list ingredients in food.

36: Dead insects observed in multiple motor areas of refrigeration units, unused ice machine, and dry storage area of coffee bar. Observed live fruit flies in Dining area.

37: Food stored on freezer floor. Foods must be stored 6inches or above off floor.

41: Multiple scoups stored in product.

42: Observed wet stacking of multiple pans.

47: Walk in gaskets have black accumulation.

49: Mop sink and prep sink next to mop sink have leaking water from faucet and piping.

54: Replace cracked light shield near walk in unit.

[&]quot;"See page at the end of this document for any violations that could not be displayed in this space.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Southern Squeeze Establishment Number: 605252397

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: (IN) Foodborne illness policy posted.
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: (IN) Employee isn't drinking, eating, or using tobacco in a food preparation area.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.
- 6: (NO) did not observe handwashing at time of inspection.
- 7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: (IN) Food obtained from an approved source.
- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NA) Shell stock not used and parasite destruction not required at this establishment.
- 13: (IN) All raw animal food is separated and protected as required.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: (NA) No raw animal foods served.
- 17: (NO) No TCS foods reheated during inspection.
- 19: (IN) proper hot holding temperatures observed.
- 20: (IN) proper cold holding temperatures observed.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NA) No food held under time as a public health control.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.
- 24: (NA) A highly susceptible population is not served.
- 25: (NA) Establishment does not use any additives or sulfites on the premises.
- 26: (IN) All poisonous or toxic items are properly identified, stored, and used.
- 27: (IN) make and serve unpasteurized juices. Have warning label for pasteurization.

57:

58:

***See page at the end of this document for any violations that could not be displayed in this space.

Additional Comments

See last page for additional comments.

^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

| Establishment Name: Southern Squeeze | | | | |
|--|--|--|--|--|
| Establishment Number: 605252397 | | | | |
| | | | | |
| Comments/Other Observations (cont'd) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Additional Comments (cont'd) | | | | |
| See last page for additional comments. | | | | |
| see last page for additional comments. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Establishment Information

| Establishment Information Fatablishment Name On the Organization | | | | | | | |
|---|---------|---------|--------|--|--|--|--|
| Establishment Number #: 605252397 | | | | | | | |
| Establishment (vumber #; 605 | 0202397 | | | | | | |
| Sources | | | | | | | |
| | | _ | | | | | |
| Source Type: | Water | Source: | Public | | | | |
| Source Type: | | Source: | | | | | |
| Source Type: | | Source: | | | | | |
| Source Type: | | Source: | | | | | |
| Source Type: | | Source: | | | | | |
| Additional Comments | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |